

(New-02/12)

Please use this sheet along with the required form(s) to pay for any CPA applications.

Name_____ **Date**_____

☐ I am an **Initial individual** applicant and do not have an issued CPA number to provide, please charge the credit card listed below in the amount of \$_____.

☐ I am an **Initial firm** permit applicant and do not have an issued CPA number to provide, please charge the credit card listed below in the amount of \$_____.

(Please note: Firm's who only have one licensed holder do not pay an application fee)

☐ I wish to **Register Certificate** number as provided. Please charge the credit card listed below in the amount of \$_____, Certificate No._____.

☐ I wish to **Reinstatement License** number as provided. Please charge the credit card listed below in the amount of \$_____, License No._____.

☐ I wish to **Renew** License, Certificate or Firm Permit number as provided. Please charge the credit card listed below in the amount of \$_____, License No._____, Certificate No._____, Firm Permit No. _____

☐ I wish to **Renew** additional License(s)/Certificate Registration(s) /Firm Permit(s) as provided. (If you need to provide additional line items, please copy this sheet and attach)

License No_____ Certificate No_____ Permit No_____ Sub Total \$_____.00

License No_____ Certificate No_____ Permit No_____ Sub Total \$_____.00

License No _____ Certificate No _____ Permit No _____ Sub Total \$ _____ .00

Please charge the credit card below this Total \$_____.00

Be sure to complete, sign and attach ALL CPA forms to this sheet
and return to:

**Office of the Secretary of the State of CT, State Board of
Accountancy, Attn: Cashier, 30 Trinity Street, Hartford, CT 06106.**

Name as it appears on Credit Card:_____ Zip Code:_____

☐ Charge to my (check one) **(must match credit card billing address)**

 Visa MasterCard

Account Number Security Code
 (The last 3 digits on back of card)

Expiration Date: / (Month/Year)

Authorized Signature of Credit Card Holder

Date _____